2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000000644

1. Entity Name
AERORESIDUALS, LLC

Principal Place of Business	Mailing Address
9650 GATEWAY DRIVE, STE. 202 RENO, NV 89521-3954	9650 GATEWAY DRIVE, STE. 202 RENO, NV 89521-3954

DO NOT WRITE IN THIS SPACE

01132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
84-1660525
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000440916
03/03/06-80011-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MONTROSE PARTING, LLC
STREET ADDRESS	9650 GATEWAY DRIVE, STE. 202
CITY-ST-ZIP	RENO, NV 895213954
TITLE	MGRM
NAME	KELLSTROM COMMERCIAL AEROSPACE, INC.
STREET ADDRESS	3701 FLAMINGO ROAD
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MGRM
NAME	DRAWBRIDGE SPECIAL OPPORTUNITIES FUND, LP
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 16TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	MGRM
NAME	VON HUSEN, FRED
STREET ADDRESS	9650 GATEWAY DRIVE, STE. 202
CITY-ST-ZIP	RENO, NV 895213954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Tim Glenn/CFO 1/13/06 775/850-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #